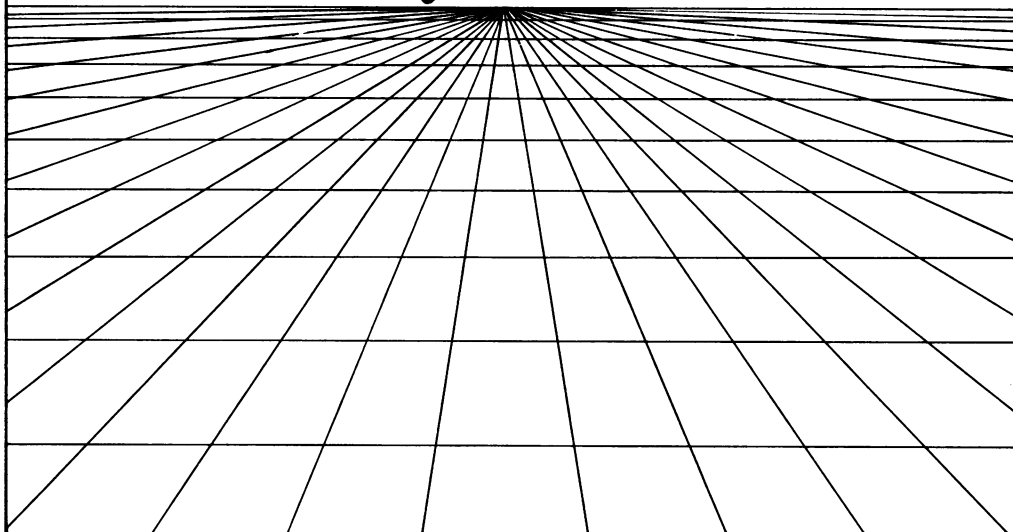


Salazopyrin ad infinitum!



"It is concluded that maintenance treatment of ulcerative colitis with sulphasalazine (salazopyrin) should be continued indefinitely unless contraindicated by side effects."¹

The results of the above controlled trial carried out at the Nuffield Department of Clinical Medicine, Radcliffe Infirmary, Oxford are all the more welcome as earlier trials of cortisone² and prednisone³ at standard dosages have shown them to be ineffective in reducing the number of recurrences of ulcerative colitis.

"Fortunately, Sulphasalazine tablets, 0.5 grams 4 times a day will prevent relapses in the majority

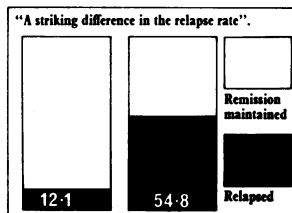
of patients with colitis, and only a few patients cannot tolerate this relatively small dose, which can be continued indefinitely since we do not know when, if ever, it can be safely stopped".⁴

Salazopyrin (sulphasazine) is available as the plain 0.5g. tablet, 0.5g. EN-tab and as an 0.5g. suppository.

Literature and detailed information on Salazopyrin are available on request.

"The patients who received dummy tablets had more than four times the relapse rate of those receiving sulphasalazine".¹ (Salazopyrin).

Salazopyrin is a registered trade mark.



Both groups of patients had been satisfactorily maintained for 1-5 years on Salazopyrin prior to the study, in which they took Salazopyrin or placebo for 6 months.

1. Gut (1973) 14 923-926
2. Brit. med. J. (1959) 1 387-394
3. Lancet (1965) i 188-189
4. General Practitioner (1972) April 7 p11

Further information on request from:-
Pharmacia (Great Britain) Ltd.
Paramount House,
75 Uxbridge Road,
London W5 5SS.
Telephone: 01-579 0102/7



Pharmacia

THE END OF THE RETENTION ENEMA IN ULCERATIVE COLITIS THERAPY

New

hydrocortisone acetate rectal foam

Retention enemas are messy to administer, uncomfortable and difficult for the patient to retain.

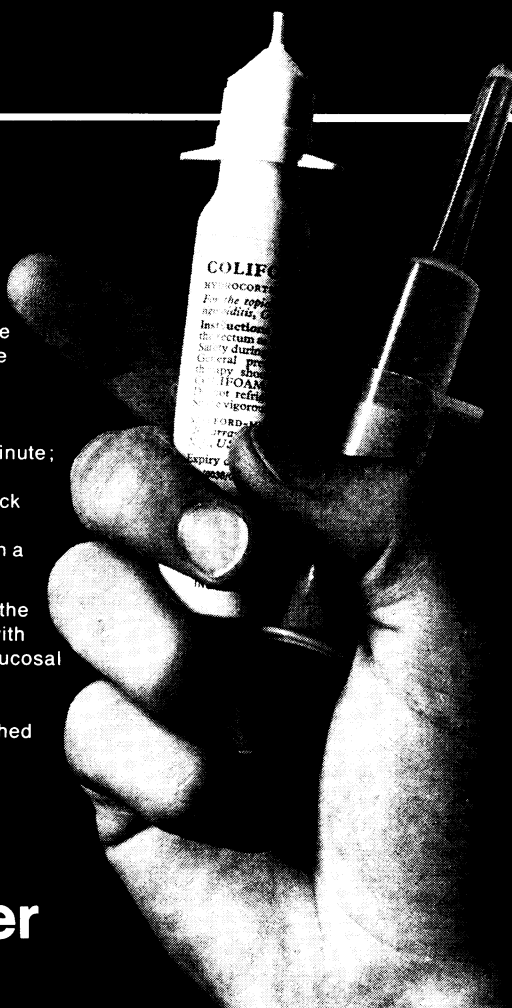
Now Colifoam offers a better alternative in the treatment of ulcerative colitis and proctitis. It presents effective topical steroid therapy as an aerosol foam. Colifoam has several practical advantages: the patient can instill a dose (only 5 ml.) in less than half a minute; the foam is easily retained without leakage problems, and the compact pack with applicator is easy to carry around. Yet Colifoam is no more expensive than a retention enema.

And Colifoam works at least as well as the older method. Trials have shown that with Colifoam there is an improvement in mucosal conditions throughout the colon, with prompt relief of tenesmus^{1,2,3} Extensive trial use through hospitals has established a high level of patient acceptance.

Further information and data sheet available on request.

Professional Relations Division
Stafford-Miller Limited, Hatfield, Herts.

Stafford-Miller



THE LIQUORICE STORY

Part III

After extensive research a field was discovered in Pontefract which had been used for growing liquorice some years ago. We were fortunate to find a considerable amount of liquorice root still there and we extracted as much as possible, under the expert advice of a retired local liquorice grower. Buds were taken from the liquorice root and these were planted, observing the necessary conditions of cultivation as mentioned in Part I.

We are now extremely pleased to report that these plants are growing most satisfactorily: the current stage of growth is shown in the photograph below:



Our intention is to promote the growth of liquorice in this country and to investigate whether the minimum three year growing process can be accelerated.

A recently published trial described the effect of deglycyrrhizinated liquorice on the gastric mucosal barrier of the dog. This trial suggested that deglycyrrhizinated liquorice "protects the gastric mucosa from the damaging effect of bile".ⁱ

In a second trial involving approximately 80 gastric and duodenal ulcer patients,ⁱⁱ a dose regime to twelve Caved-(S) tablets daily was administered in severe cases. After such high doses no side effects were observed; measurements of blood pressure, body weight, and serum electrolytes (sodium and potassium) were taken during the whole of the treatment with Caved-(S), including the follow-up investigations. In no case did body weight at the end of the treatment exceed that at the beginning. No oedema was seen, and no change in serum sodium and potassium was observed. Blood pressure also remained constant. There was complete absence of relapse after treatment with Caved-(S).

The latest trial to be published on Caved-(S),ⁱⁱⁱ was a retrospective endoscopic study of 32 cases of chronic duodenal ulceration. Many of these patients had a long history of ulceration. These were all treated with Caved-(S) tablets. Results showed that healing of the ulceration occurred, and in the majority of cases the mucosa appeared normal. It was demonstrated that to achieve optimum effect, it is important that the preparation, in adequate dosage, should be well chewed and swallowed on an empty stomach, rather than taken after meals as had been recommended previously.

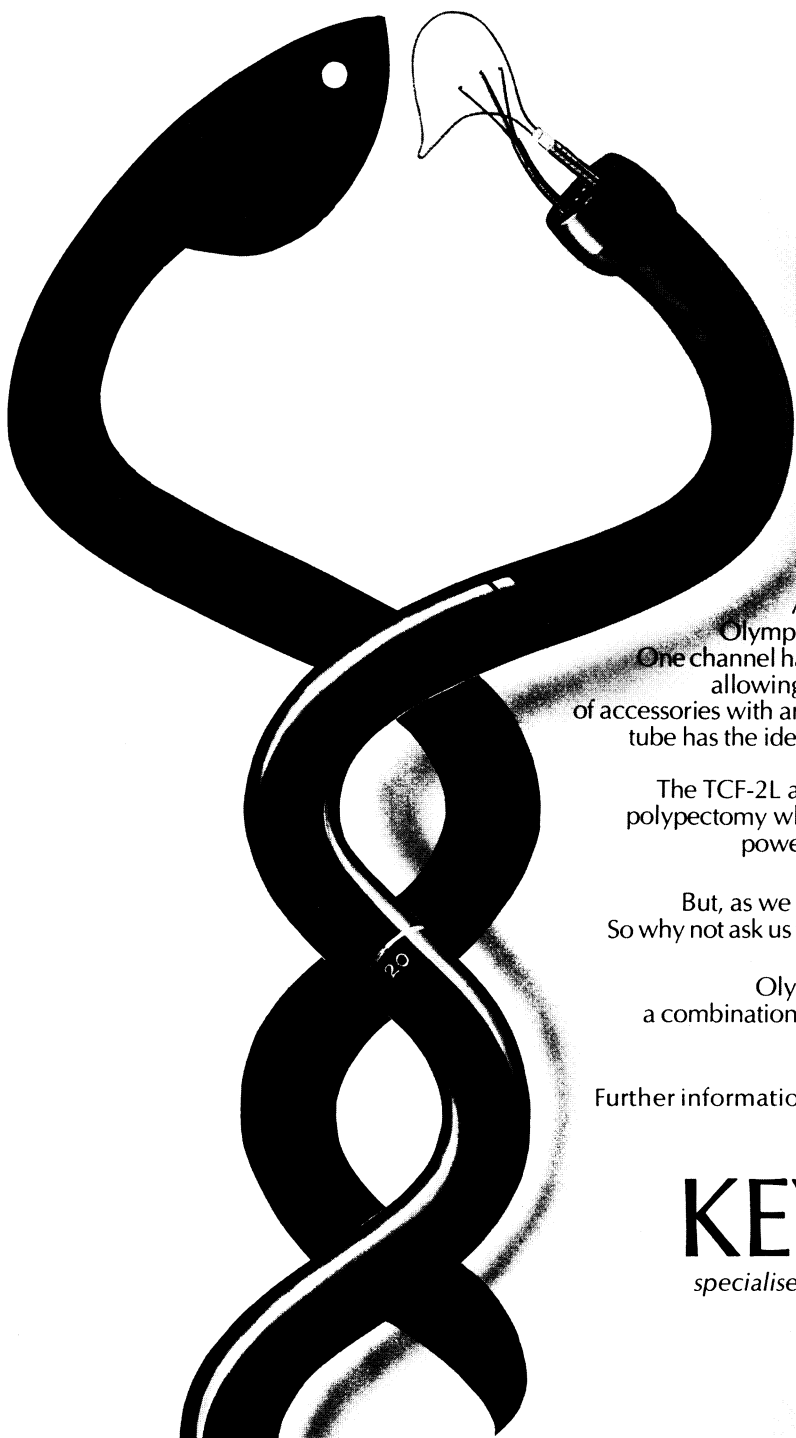
i Digestion II 355-363 (1974)

ii Der informierte Arzt April 1975

iii The Practitioner Vo. 215 787-792

From the Information Department, Tillotts Laboratories. Reprints of the above trials and samples of liquorice root available on request.

In medicine seeing is believing



We must admit that even when you've seen the distortion free image of the new Olympus GIF-D3 gastroscope you may still not believe it.

The clarity, resolution and more acute angulation means pin-sharp observation and photography.

Also worth a second look is the new Olympus TCF-2L twin channel colonoscope. One channel has its own accessory manipulator allowing more precise angulation and control of accessories with an extra wide angle of view. In addition, the tube has the ideal flexibility necessary for ease of insertion.

The TCF-2L and GIF-D3 are the perfect instruments for polypectomy when combined with the Olympus PSD power supply for diathermy.

But, as we said, seeing is believing.
So why not ask us for a personal demonstration today?

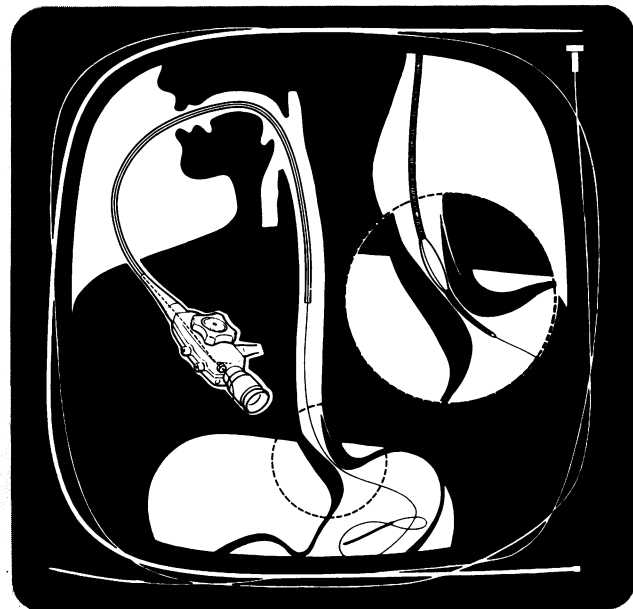
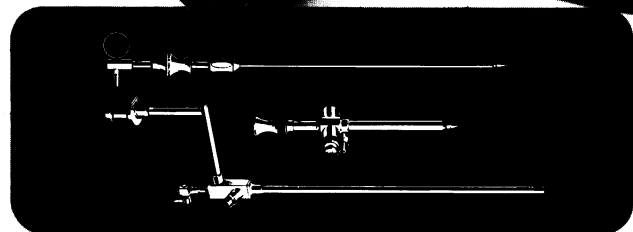
Olympus and KeyMed
a combination unsurpassed in endoscopy in the world.

Further information/demonstration available on request:

KEY MED
specialised medical equipment limited

Instruments for Gastroenterology from **KEY MED**

The **Olympus GIF model D3** will satisfy the most exacting requirements of precision endoscopy. As in all models, Olympus optical engineering arranges the glass fibres in a perfect mosaic to ensure precise, distortion free images. In the model D3, enormous tip deflection in two dimensions combined with a 70° viewing angle and new dimension in optical quality allows complete and detailed examination of every corner of the stomach.



The JF B2 duodenoscope A uniquely designed instrument specifically for cannulation of the ampulla of Vater.

Colonic examination is readily performed through the rectum with the **Olympus CF type MB2** Colonofibroscope. The easily-inserted flexible tube takes a range of accessories for many therapeutic procedures.

The Olympus TCF type 2L twin-channel colonofibroscope provides all the superb features of Olympus optical engineering, plus an extra channel allowing simultaneous use of two accessories.

The **Eder Operating Laparoscopy Set** includes telescope, forceps, trocars and cannulas as well as diathermy connection, a Verres needle and a light guide. If required, each item may be purchased separately.

Dilation of the oesophagus for insertion of Olympus endoscopes can be achieved safely and simply with the **Eder-Puestow 'Stringless' Dilator**.

A full range of accessories to fit all the Olympus endoscopes enables many surgical procedures to be carried out.

OLYMPUS and **KEY MED**

a combination unsurpassed in endoscopy in the world

Further information/demonstration available on request:

KEY MED specialised medical equipment limited

KeyMed House Stock Road Southend on Sea SS2 5QH England

Telephone: 0702 610381/2 and 610461/2/3

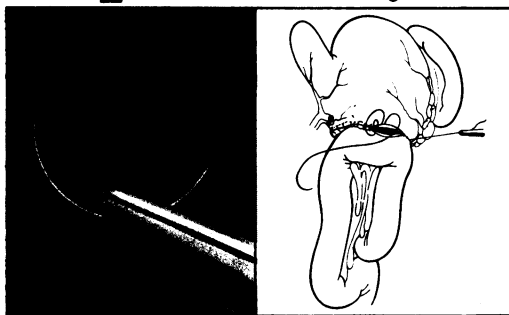
Telegrams: KEYMED Telex: 995283

Delivery from stock of these and other instruments takes hours rather than weeks, and servicing of the complete range of fibroscope equipment is carried out at KeyMed House in our specially equipped laboratory by our own team of highly skilled technicians.

Monofilament Smooth



ETHICON* Surgical Gut is kind to the patient, easy for the surgeon.



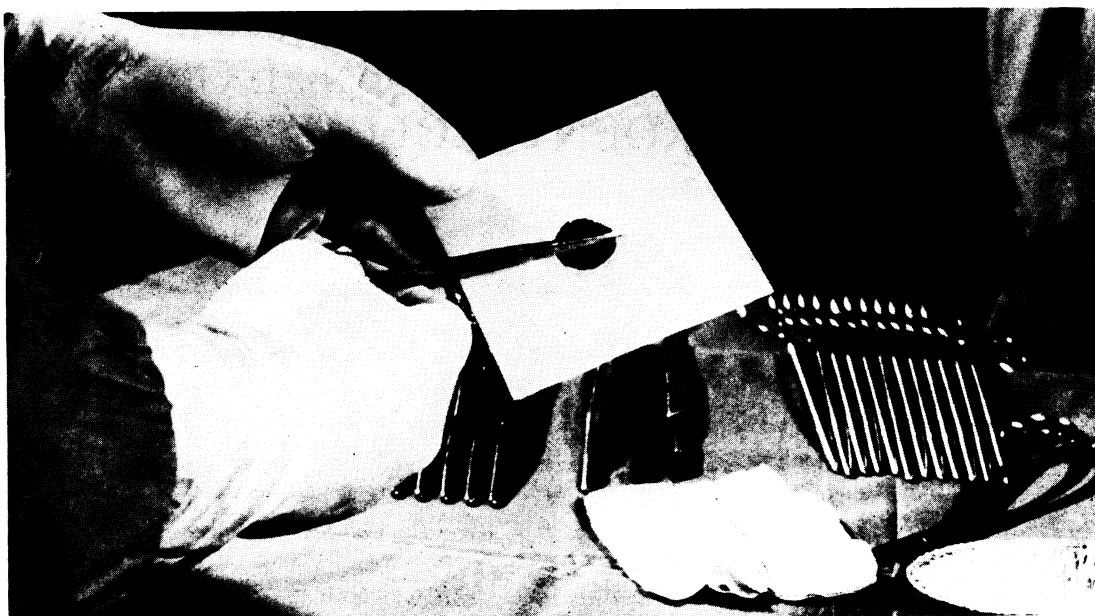
The inner haemostatic layer of the anastomosis in this procedure is performed with 3 Metric surgical gut swaged to a Super Smooth Intestinal needle.

For use on soft delicate tissue, ETHICON monofilament smooth surgical gut is now swaged to a super-smooth stainless steel intestinal needle with a re-designed point profile. This profile permits easier flow through tissue, a vital factor in surgery of the gastrointestinal tract.

ETHICON

*Trademark

When the difference is between being sure and being absolutely certain.



The first word in ostomy management

Skin care after ileostomy, colostomy or ileal conduit starts at the time of surgery itself. Stomahesive protects peristomal skin making the patient comfortable and more confident about his future.

Because Stomahesive contains non-sensitising ingredients, it can be used even on broken, excoriated skin. But why wait for trouble?

Use Stomahesive -right from the start.

Stomahesive, available in boxes of 5 10 cm × 10 cm squares.
Stomahesive is a Squibb registered trademark.

Full information available on request to
E.R. Squibb and Sons Limited, Regal House, Twickenham TW1 3QT.



SCANDINAVIAN JOURNAL OF GASTROENTEROLOGY

Volume 10, No. 7, October 1975

CONTENTS

Review: R. H. Resnick: <i>Management of Bleeding Varices in Cirrhosis: A Critical Examination</i>	673
D. Gedde-Dahl & O. Fausa: <i>Serum Gastrin Response to Food Stimulation and Gastric Acid Secretion in Male Patients with Ileal Resection</i>	679
D. Gedde-Dahl: <i>Serum Gastrin Response to Food Stimulation in Male Azotemic Patients</i>	683
E. M. Alhava, S. Aukee, P. Karjalainen, K. Kettunen & M. Juuti: <i>The Influence of Calcium and Calcium + Vitamin D₂ Treatment on Bone Mineral after Partial Gastrectomy</i> ..	689
J. Engbæk, J. Ersböll, V. Faurby, V. Binder & P. Riis: <i>The Constipating Effect of Diphenoxylate (Retardin[®]) in Ulcerative Colitis</i>	695
K. Winkler & H. Poulsen: <i>Liver Disease with Periportal Sinusoidal Dilatation. A Possible Complication to Contraceptive Steroids</i>	699
H. Petersen & J. Myren: <i>Pentagastrin Dose-Response in Peptic Ulcer Disease</i>	705
K. C. Christensen, F. Stadil & K. Hermansen: <i>Beta-Adrenergic Mechanisms and Ulcer Formation in Pylorus-Ligated Rats</i>	715
H. Petersen, E. Schrumpf & J. Myren: <i>Fasting Serum Gastrin and Basal Gastric Acid Secretion</i>	721
L. Bergman & U. Krause: <i>The Incidence of Crohn's Disease in Central Sweden</i>	725
S. Boesby: <i>Gastro-Oesophageal Acid Reflux and Sphincter Pressure in Normal Human Subjects</i>	731
M. Kekki, T. Ihämäki, P. Sipponen & E. Hovinen: <i>Heterogeneity in Susceptibility to Chronic Gastritis in Relatives of Gastric Cancer Patients with Different Histology of Carcinoma</i>	737
O. Fausa: <i>Quantitative Determination of Serum Bile Acids Using a Purified 3α-Hydroxysteroid Dehydrogenase</i>	747
P. M. Smith, G. E. Sladen, E. R. Beck, P. N. Bennett, J. E. Lennard Jones & M. J. S. Langman: <i>A Double-Blind Trial of Carbenoxolone and Geranyl Farnesyl Acetate in Gastric Ulcer</i>	753
O. Kronborg: <i>The Effect of Beta-Adrenergic Blockade upon Basal and Pentagastrin-stimulated Gastric Acid Secretion upon Gastrin Response to Food</i>	757
A. Kallner, D. Hallberg & L. Backman: <i>Fatty Acid Patterns of Serum Triglycerides and Subcutaneous Adipose Tissue after Ileal Bypass in Obesity</i>	763
M. Lykkegaard Nielsen & T. Justesen: <i>Susceptibility of the Liver and Biliary Tract to Anaerobic Infection in Extrahepatic Biliary Tract Obstruction</i>	769
B. Lund, P. Aagaard & T. Deckert: <i>Effect of Vagotomy on Insulin Release after Oral and Intravenous Glucose Administration</i>	777
J. Holst-Christensen, O. Hart Hansen & T. Pedersen: <i>Healing of Duodenal and Prepyloric Ulcers after Selective and Highly Selective Vagotomy</i>	781